VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100365 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:07/18/2011

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.89: 0.079 LOT #: 02511080A3 EXPIRATION: 02/01/2013

В	LANK TEST	0.000	12:02
Ι	NTERNAL STANDARD	VERIFIED	12:02
E	XTERNAL STANDARD	0.078	12:02
В	LANK TEST	0.000	12:03
E	XTERNAL STANDARD	0.079	12:03
В	LANK TEST	0.000	12:04
E	XTERNAL STANDARD	0.079	12:04
В	LANK TEST	0.000	12:05
E	XTERNAL STANDARD	0.077	12:05
В	LANK TEST	0.000	12:06
F	XTERNAL STANDARD	0.079	12:07
В	LANK TEST	0.000	12:07

Average = 0.0784Std Dev = 0.0009

Diagnostic Check

VERSIONS DMT: 1.01 PIC: 3.02 Modem: 2.0 Questions: 2.2

TEMPERATURES

Sample Chamber = 48.9°C PASSED Breath Tube $= 48.0 ^{\circ} C$ PASSED PUMP INFO Flow Rate = 4.683 L/MPASSED DETECTOR INFO PUMP ON PASSED PUMP OFF PASSED FILTER INFO Filter 1 PASSED

INTERNAL STANDARD

Filter 2

Filter 3

PASSED PASSED

PASSED

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

(1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.

(2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.

(3) I am the Scientific Director of the State Breath Alcohol Program.

(4) In that capacity, I am responsible for overseeing the Breath Alcohol Program, which includes assuring that instruments are calibrated and maintaining program records.

(5) The above is a true and accurate verification of calibration, which is performed by the instrument's software, as specified by the State Breath Alcohol Program. Verification of calibration is a regularly conducted and regularly recorded activity of the State Breath Alcohol Program.

(6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J.Bolz Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this ____ day of Qug_ 20 ____

Notary Public's Signature

My Commission Expires on WITH ATTICL





2/22/11